

**Substance Abuse and Mental Health
Services Administration**

**Treatment Episode Data Set
State Instruction Manual**

Discharge Data

prepared for:

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CHAPTER 1

INTRODUCTION

1.1 Purpose and Scope

This document describes the Treatment Episode Data Set (TEDS) discharge data system, and provides the information needed to produce the data files and submit the files to the TEDS Contractor. The principal audience for this document is State staff participating in the collection and submission of TEDS data. This document has a companion document, the *Treatment Episode Data Set State Instruction Manual for Admissions Data*. This document assumes that the State staff is familiar with the content and concepts covered in the companion document.

1.2 Background

Section 505 (a) of the Public Health Service Act (42 US code 290aa-4) directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to collect data on the number of public and private substance abuse treatment programs and the number and characteristics of individuals seeking treatment through such programs.

This legislation resulted from a need for information at the federal level to document what was being accomplished with block grant funding for substance abuse treatment and prevention. To address the requirements of the legislation and to provide substance abuse treatment data for the research community, SAMHSA began collecting data through the TEDS admissions data system in 1992. To provide more comprehensive data on the treatment of substance abuse clients, SAMHSA began development of the TEDS discharge data system in 1996. After several years of testing in several States, a system was adopted that provides basic discharge data that can be related to the corresponding client admission.

Admission data combined with discharge data will enable SAMHSA to answer questions that could not be answered with admissions data alone. Adding the discharge data set is a necessary step in the evolution of a person-level contact data set, a key capability for understanding treatment effectiveness and the effects of managed care, and for monitoring the services authorized and received during substance abuse treatment.

1.3 Document Overview

Following the introductory material in chapter 1, chapter 2 describes the discharge data set, reporting options and the quality control procedures.

Chapter 3 describes the data sets that make up a discharge record, namely, the System Data Set (identifying information about the submission), the Discharge Data Set (data elements that describe the discharge event) and the Admission Data Set (data elements derived from the companion admission).

Chapter 4 describes the procedures for updating the States TEDS crosswalk plan to include discharge data.

Chapter 5 defines a treatment episode as a model for determining the events that should trigger input records to TEDS. The content of the discharge record is discussed and the procedures for submitting the discharge data are presented.

Chapter 6 describes the feedback given to a State after its submission to TEDS has been processed, and the procedures a State should follow to correct records which contain errors. The responsibilities of both the State and the TEDS contractor are presented.

There are four appendices. Appendix A shows examples of the submission acknowledgment letter and the processing reports that provide feedback to the States on the outcome of processing their data submissions. Appendix B provides detailed information about the discharge data set in a data dictionary of the admission and discharge data items. Appendix C presents the acceptable formats and methods for submitting the data, and the discharge data file structure. Appendix D provides a sample crosswalk update form.

CHAPTER 2

DISCHARGE DATA SYSTEM OVERVIEW

Submission of discharge data to TEDS will require the following steps:

1. Read this Instruction Manual.
2. Determine the State source for each discharge data item specified in Appendix B and the related admissions data items.
3. Complete a crosswalk (Appendix D) for the discharge data items and submit to Synectics.
4. With approval of the crosswalk, develop a system for producing discharge records in accordance with the approved crosswalk and technical submission instructions in appendix C.
5. Submit a test file of 300 to 500 discharge records.
6. Begin regular data submission.

2.1 General Plan

Initially, each State should submit data for all discharges dating from January 1, 1997 through their most recent available data, when this is feasible. Thereafter, submissions should be made on a regular basis following the schedule currently followed for the TEDS admissions data. For each discharge, the discharge record will be linked with its corresponding admission record. The requested discharge data set includes selected items from the admission and the discharge events, to be submitted in a single record. The data for the corresponding admission should be included regardless of the year of admission. It is expected that most discharges will have a corresponding admission record. In those instances where a corresponding admission record cannot be located, the discharge record should be submitted without the admission data.

In many States, a change in service or provider within a treatment episode results in a discharge and subsequent admission to the new service or provider. Such admissions are submitted in the TEDS admission data system as "Transfers." A discharge under these conditions should be submitted in the discharge system with the reason for discharge being "Transfer." A more detailed discussion of transfers is provided in Sections 5.2 and 5.3 below.

2.2 Data Set Items for Discharge Record

The discharge record is composed of three items about the submission, seven items relating to the discharge event, and ten items from the corresponding admission event.

2.2.1 Items on discharge record that refer to the submission

System transaction type (either an add, change or delete)
State Code
Date of submission

2.2.2 Items on record that refer to discharge event

Provider identifier
Client identifier
Co-Dependent/Collateral code
Type of Service at discharge
Date of last contact *
Date of discharge*
Reason for discharge, transfer or discontinuance of treatment

* at least one of these items is required

2.2.3 Items on the discharge record that refer to admission event

The following items must match or come from the corresponding admission record:

Provider identifier
Client identifier
Co-Dependent/Collateral code
Client transaction type
Date of admission
Type of Service at Admission
Date of birth
Sex
Race
Ethnicity

2.3 Data Quality Control

States should develop procedures and perform the edits necessary to ensure that data submitted to TEDS are accurate and in the correct format. The TEDS Contractor will verify that the records meet the standards described in this document. Having good quality control procedures assures SAMHSA and the States that the TEDS Contractor is providing accurate and valid data for administrative and research purposes.

2.4 TEDS Contractor Processing

The TEDS contractor is responsible for the prompt processing of State data submissions into the TEDS master files, insuring appropriate security of State submission media (diskettes or CD), and promptly returning the media to the States.

2.5 State Feedback and Error Reports

As part of processing State data submissions, the TEDS Contractor will provide States with feedback after each submission. Each State will receive an Acknowledgment Letter, a Submission Processing Results Summary, Demographic Characteristics Report and, if applicable, an Errors in Accepted Records Report, and Rejected Records Report. These reports are described in more detail in section 6.3 below, and examples are shown in Appendix A. States are urged to review these reports for each submission and report any problems noted to the TEDS Contractor.

CHAPTER 3

TEDS DISCHARGE DATA SET

A major reason for collecting discharge data is to link together the admission and the discharge record for individual clients. It is important, therefore, for States to report data for all their clients who are discharged, terminated or who have broken off contact with the provider.

Included in both the admission and the discharge data set are several *key fields*. The key fields combine to form a unique identifier (retrieval key) for the record in the TEDS discharge database. In the discharge database, key fields are used to find the associated admission record.

Key fields are:

- State Code
- Provider Identifier
- Client Identifier
- Co-dependent/Collateral code
- Date of Discharge

3.1 The Discharge Data Set

All of the following items are required on the discharge record, except that it is not necessary to report both the date of last contact and the date of discharge. Only one of those two items is required. To facilitate processing of the data, however, the date of discharge field will be used as a key field. In cases where the State reports only the date of last contact, the date of last contact information will be copied to the date of discharge field during the TEDS contractor's processing. For analytical purposes, it will be possible to distinguish the imputed value from a reported value.

Data items relating to the submission process are:

- **System Transaction Type** - Identifies whether the record is an addition to the TEDS database, a correction to a field in an existing record in the database, or a deletion of an existing record in the database.
- **State Code**--Identifies the State submitting the record using the standard two-character FIPS Code. This is a **key** field.
- **Reporting Date** --Identifies the month and year the discharge record file is submitted to TEDS. Every record in a State submission must contain the same reporting date.

Data items relating to the discharge are:

- **Provider Identifier**--Identifies the provider of the drug or alcohol abuse treatment at the time of discharge. This is a **key** field.

- **Client Identifier**--Identifies the client receiving treatment. The identifier is the same identifier used in the admission record. This is a **key** field.
- **Co-Dependent/Collateral**--Specifies whether the client's principal problem being treated is substance abuse or arises from the client's relationship with someone with a substance abuse problem. This is a **key** field.
- **Type of Service at Discharge** --Identifies the treatment the client is receiving at time of discharge.
- **Date of Last Contact** --Specifies the month, day and year the client last received treatment. In the event of a transfer, it is the date the service terminated or the date the treatment ended with a particular provider.
- **Date of Discharge**--Specifies the month, day and year the client was formally discharged or transferred from the treatment facility, service or program. This date may be the same as date of last contact. This is a **key** field.
- **Reason for Discharge, Transfer or Discontinuance of Treatment** --A code to indicate the outcome of the treatment episode. The treatment may or may not have been completed. (See Chapter 5 for definition of "completed treatment").

The following items are to be reported on the discharge record, but are derived from the admission record that corresponds to the discharge being reported. The provider identifier, client identifier, and co-dependency status must match the comparable items in the corresponding admission record.

Data items relating to the corresponding admission are:

- **Provider Identifier**--Identifies the provider of the drug or alcohol abuse treatment at the time of admission. This field must use the State's provider ID as it appears in SAMHSA's Inventory of Substance Abuse Treatment Services (I-SATS). (If the State does not assign its own provider ID's, the SAMHSA I-SATS ID should be used.)
- **Client Identifier**--Identifies the client receiving treatment.
- **Co-Dependent/Collateral**--Specifies whether the client's principal problem being treated is substance abuse or arises from the client's relationship with someone with a substance abuse problem.
- **Client Transaction Type** - Identifies whether the admission record is for an initial admission or a transfer/change in service.

- **Date of Admission**--Specifies the month, day and year the client was admitted and began receiving treatment. In the event of a change of service or provider within an episode of treatment, this is the date the client began treatment at the new provider or service or both.
- **Type of Service (at Admission)** --Identifies the type of treatment the client received at time of admission.
- **Date of Birth**--Specifies the client's date of birth.
- **Sex**--Specifies the client's sex.
- **Race** -- Identifies the client's race
- **Ethnicity**--Identifies the client's specific Hispanic origin, if applicable.

CHAPTER 4

CROSSWALK PLAN FOR DISCHARGES

4.1 Objectives

The objectives of the TEDS Crosswalk Plan are to document the source of the State discharge data and to ensure that the data items in the State's system are accurately translated to the appropriate TEDS data items. Every effort is made to establish a consistent conversion of State data items to the TEDS database. SAMHSA recognizes, however, that some aspects of State systems may not exactly match the item definitions or categories for TEDS. When such variations exist, they need to be documented in the crosswalk, along with State variations of the episode model described in Chapter 5. This information will aid SAMHSA and other researchers in the interpretation of each State's TEDS data.

4.2 Preparing a Crosswalk Plan for Discharge Data

Each State participating in the Discharge Data System must amend their current crosswalk plan to add the discharge data items. Guidelines have been established to assist States in mapping State data to the TEDS data sets. These guidelines are applicable to the discharge data set and are described in detail in the *Treatment Episode Data Set State Instruction Manual for Admission Data*. The admissions data items included in the discharge record are already part of the State's current crosswalk and need not be updated unless they have been changed. A copy of the State's current crosswalk may be obtained from the crosswalk manager at Synectics.

Upon request, the TEDS Contractor will assist a State to develop a preliminary TEDS Crosswalk for discharge data items. States are encouraged to develop a draft crosswalk for the discharge data using the model crosswalk provided in Appendix D. This form includes all of the required discharge data items and the TEDS acceptable codes and categories. It will be necessary for the State to add the State codes that correspond to each of the TEDS codes for all items. After a draft of the Crosswalk Plan is completed, it should be sent to the TEDS Contractor for review. Once the Crosswalk Plan is in final form, it is sent to SAMHSA for approval. To submit discharge data, the State will develop procedures for preparing a data file in accordance with the TEDS Crosswalk Plan. Once the Crosswalk Plan has been approved by SAMHSA, the State will be notified by the TEDS Contractor and arrangements will be made for the State to begin data submission.

4.3 Reporting Changes in Data Set Items

Whenever a State adds, deletes or changes any data set item it submits to TEDS, whether it is an admission item or a discharge item, it must notify SAMHSA and the TEDS Contractor. The TEDS Contractor will work with the State to revise the State's Crosswalk Plan and the TEDS control file to reflect these changes. This is very important because it affects SAMHSA's ability to correctly identify the data elements when preparing reports based on the TEDS data.

CHAPTER 5

CLIENT DISCHARGE DATA

5.1 Definition of a Client

A **client** is defined by TEDS as a person who has been admitted for treatment of his/her own drug or alcohol problem. A co-dependent/collateral is defined by TEDS as a person who has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user, has been formally admitted to a treatment unit, and has his or her own client record or a record within a primary client record. While the actual reporting of co-dependents to TEDS is optional, every admission and discharge record must indicate co-dependency/collateral status using the TEDS data item established for that purpose.

5.2 Definition of a Treatment Episode

For purposes of identifying the circumstances under which data should be submitted, TEDS assumes a simplified process model of treatment services delivery related to substance abuse. Basic to this model is a treatment episode, which is defined as the period of service between the beginning of a treatment service for a drug or alcohol problem and the termination of services for the prescribed treatment plan. The first event in this episode is an admission and the last event is a discharge. Any change in service and/or provider during a treatment episode should be reported as a discharge, with transfer given as the reason for termination. The subsequent admission should be reported in the TEDS admissions data system with a Client Transaction Type code of "T" for transfer. (States unable to provide or identify transfers should note that fact in their Crosswalk).

For TEDS purposes, "completion of treatment" is defined as completion of all planned treatment for the current treatment episode. Completion of treatment at one level of care or with one provider is not "completion of treatment" if there is additional treatment planned or expected as part of the current treatment episode.

5.3 Reporting of a Discharge

When a client "completes" a treatment service and a "discharge" occurs, this event is to be reported to TEDS. In circumstances where the provider does not initiate the termination, it may not be apparent until after the fact. For example, the facility may lose contact with a client and some time may elapse before this is noticed. As a guideline in such circumstances, a **treatment episode is assumed to have ended at the time the client has not been seen for 3 days for inpatient or residential treatment, and 30 days in the case of outpatient care.** SAMHSA recognizes that some adjustment may be required to these guidelines to accommodate individual State practices. It is desirable, however, that each State use operational definitions that determine an end of services date for clients not formally discharged or terminated. **(If the State rules are different from the SAMHSA guidelines provided above, the State rules should be recorded on the State Crosswalk).**

Reporting point: A client who returns for treatment services after the elapsed time described in these guidelines (or other guidelines adopted by the State) is to be reported as an admission to a new treatment episode.

Reporting of co-dependents is optional. However, if the State has elected to report co-dependent admissions to TEDS, then it is expected that co-dependents will be reported in the discharge system.

5.4 Submission Procedures

5.4.1 Creating a TEDS Discharge Record

The individual State data items and respective codes are converted to TEDS codes in accordance with the State's Crosswalk Plan. One record is created for each discharge (including terminations and transfers). The record should follow exactly the sequence of fields in the record layout shown in Appendix C.

An important field for the proper processing of a record is the **System Transaction Type** field. This field directs the processing of the record. An "A" is entered into the System Transaction Type field for discharge records that are to be **added** to the TEDS database. A "C" in the System Transaction Type field is to **change** data in an existing record. . A "D" is entered into the System Transaction Type field for discharge records that are used to delete a record from the TEDS discharge database that has matching key fields. See section 6.4.1 and 6.4.2 for a further discussion of these latter two cases.

The discharge data are to be submitted in a file format using procedures as specified in Appendix C (Technical Preparation Requirements). The TEDS Contractor can provide advice and guidance on converting State data to the TEDS format.

5.4.2 Scheduling Submissions

The initial discharge data submission for the State should include all of the discharges that have occurred since January 1, 1997 for which data are available. It is suggested that States begin by sending a small test file containing between 200 and 500 records. Once this file has been processed successfully, submissions of the remaining data can be made on a regular basis. It is recommended that submissions be sent monthly, or that they be sent on the same schedule followed for the State's admissions data. States will find a monthly schedule to their advantage because relatively small submissions will have fewer errors to fix in any one submission. Errors detected on one submission can be fixed and submitted in the next submission.

5.4.3 Submission Information

Each data submission is to be accompanied by a **TEDS Data Submission Form**, shown in Appendix D.

States submitting data on diskette or CD should send them to:

Synectics for Management Decisions, Inc.
SAMHSA Project Team
1901 North Moore Street
Suite 900
Arlington, VA 22209

Appropriate mailing containers should be used to avoid damage and delay in the receipt of the submission.

States wishing to submit data electronically should contact the Synectics TEDS Support Team to identify a mutually acceptable methodology for transmission. The telephone number for scheduling the transmission is (703) 807-2340. When submitting data electronically, the State needs to provide the TEDS Contractor with the relevant information contained on the TEDS Data Submission Form.

Submission of data via the Internet is also permissible. If the data file is encrypted, the State must use encryption technology acceptable to SAMHSA and available to Synectics. States wanting to transmit files via the Internet must contact the TEDS staff at Synectics to make appropriate arrangements.

CHAPTER 6

PROCESSING STATE DATA

This chapter describes the quality control process used by the TEDS Contractor, the feedback provided to the States and the procedures used to correct and resubmit data.

6.1 Objectives of the TEDS Quality Control Program

The objective of the TEDS quality control procedures is to assure that States are providing accurate data that meet the TEDS data standards established by SAMHSA. The feedback provided to the States is used to help States identify and resolve data problems. This ongoing process helps SAMHSA and the States to monitor and improve the quality of the data.

6.1.1 Responsibilities

The TEDS Contractor is responsible for:

- Ensuring that States are submitting data in an acceptable file format
- Checking each record submitted to ensure it contains all TEDS key fields
- Cross checking information within records to ensure consistency and accuracy
- Ensuring that each record in the TEDS database is unique
- Notifying States of errors in their data submissions and providing help to resolve any State submission problems

Each State is responsible for:

- Ensuring that each record in the data submission contains the required key fields, all fields in the record contain valid values, and no records are repeated
- Cross-checking data items for consistency across fields
- Submitting data items to TEDS by the scheduled reporting date
- Notifying the TEDS Contractor as soon as the State determines it cannot meet a scheduled submission
- Responding promptly to TEDS error reports by resubmitting corrected data where appropriate

6.2 TEDS Contractor Processing and Data Editing

Basic to the processing of TEDS records are the **key fields** and the **System Transaction Type** codes. The key fields are combined to create a unique record identifier. When processing the TEDS data, these fields are used as a unique retrieval key to search the database. The System Transaction Type code directs the system to **Add** the record to the database, **Delete** an existing record from the database, or **Change** a record already in the database. The key fields and System

Transaction Type codes are critical to the proper processing of a TEDS record and are especially important for correcting or deleting records existing in the database. Records containing invalid entries in the key fields will be rejected.

Records submitted with a System Transaction Type code of “A” will be added to the database unless the key fields match a record already in the database. If the key fields match a record in the database, the new record will be rejected as a duplicate. Records submitted with a System Transaction Type code of “D” will delete a record in the database with matching key fields. Records submitted with a System Transaction Type code of “C” will change a record in the database with matching key fields.

A common mistake is the submission of a record with the wrong System Transaction Type code. Frequently, a record is submitted to change or correct a record already in the database, but is sent with a System Transaction Type code of “A” instead of “C.” Instead of correcting an existing record, these records are rejected as duplicates of records already in the database. More details on record correction and deletion are given in section 6.4.1 and 6.4.2

Within each record, an edit is done on a field-by-field basis to make sure each field has valid codes. A description of the valid codes for the discharge data items is given in Appendix B. If invalid codes are detected in the submission, they are identified in the processing report. Records having valid key fields but one or more invalid codes in other fields are added to the database, but the invalid codes are reported to the State on the submission processing reports. States are urged to review these reports and submit corrections in the next data submission.

6.3 Reporting State’s Submission Results

An important part of the TEDS processing system is reporting to the State the processing results for each submission. In this way, States and SAMHSA are able to monitor and improve the quality of reporting. Each State’s submission is first processed with the TEDS data system in an editing mode. In this mode, edits are performed, rejected records and accepted records with errors are identified. The results are printed to a report to permit a review of the data prior to its addition to the database. If the submission has few rejected records or accepted records with errors, the processing of the submission is completed by adding all accepted records to the discharge database. A processing report is generated showing the results of the edit which is returned to the State. If there are accepted records with errors, the State may use the reports to identify the problem and submit corrections. States are encouraged to resolve the errors for records accepted in the database and submit corrections for them with the next regular submission.

If the edit run shows a significant number of records with errors, a significant number of records rejected, or a pattern of errors that indicates a systematic data problem, then a member of the TEDS project team contacts the State by phone to discuss the problem. In these situations, records are not added to the database until the State has made the necessary corrections and resubmitted the records.

Sometimes State submissions cannot be processed because the entire submission is unreadable. When this occurs, the State is notified by the TEDS contractor so the State can resolve the problem and resubmit the data.

For each data submission, State will receive some or all of the following submission processing reports:

1. **Acknowledgment Letter**- This letter confirms that the TEDS Contractor has received and processed the State's data submission.
2. **Submission Processing Results Summary** - For the submission, this report shows the number of records submitted, accepted and rejected. This report also provides information on the number of records rejected due to key field errors by reason for rejection, and provides summary statistics on invalid data.
3. **Demographic Characteristics Report** - This report gives a demographic profile of the data received in the submission. A review of the distributions contained in this report will aid in the evaluation of the data being submitted and help spot major systematic errors.
4. **Rejected Records Report** - This report is grouped by reason for rejection and displays records not added to the database because of problems found in key fields.
5. **Errors in Accepted Records Report** - This report provides details of errors for those records that were added to the TEDS database with invalid codes in one or more fields.

Examples of the acknowledgment letter and the error reports are shown in Appendix A.

6.4 Error Resolution and Correction of Client Records

A review of the submission processing reports is very helpful in identifying both systematic and individual errors found in edited records. The Submission Processing Results Summary report provides counts of the total number of errors found in any of the fields of the discharge records submitted. The records are divided into two groups: (1) records rejected because they are duplicates or have an invalid code in a key field, and (2) records with an error in a non-key field. Examination of this report will give an overall evaluation of the quality of the submission. If State edits are working properly, the number of errors in any submission should be minimal. If a field has a large number of errors, it usually indicates a systematic error that, once corrected, will resolve the errors for all or many of the records.

Non-systematic errors found in a submission will require the examination of individual records to identify the error and discover the cause. Examination of two reports will help States in determining the cause of the errors: (1) the Rejected Records Report - Grouped by Reason and (2) the Errors in Accepted Records Report-Grouped by Field. These reports show each

individual record by Client ID, provide a brief explanation of the field that failed the edit, and show the erroneous "raw" data submitted (see Appendix A). Examination of this information will help States to resolve most errors. For any cases that are still in question, the TEDS Contractor will assist the State in error resolution.

6.4.1 Making Corrections to Existing Discharge Records

Corrections to records previously added to the database can be made in either of two ways. One way is to resubmit the complete record with the correct data using a "C" in the System Transaction Type field. The new, corrected record must contain the information for all five key fields, along with a "C" entered in the System Transaction Type field. All the fields in the discharge record can be corrected this way except "key" fields.

- Note that changes to admission data items (in the discharge record) must be the result of errors entering admission data on the discharge record and **not** errors in the original TEDS admission record. If the error is in the original TEDS admission record, then the original admission record must be corrected according to the TEDS admission data system procedures.

The second method for correcting erroneous data in a previously submitted record is to resubmit the original (erroneous) record with System Transaction Type code "D", followed by a correct replacement record with System Transaction Type code "A" (see below). All data items may be corrected in this manner, including key fields. This method is particularly useful when numerous data items within a record are in error.

6.4.2 Deleting an Existing Discharge Record

It may be necessary to remove a record from the TEDS database because the record was submitted in error or, as noted in the above section, numerous fields have errors. To delete a record from the database, a record must be submitted containing at least the five key fields of the record to be deleted, a System Transaction Type code of "D", the State code, and the month and year of submission. Alternatively, a record can be deleted by submitting the complete record previously submitted with a "D" in the System Transaction Type code.

APPENDIX A

TEDS FEEDBACK REPORTS

- A.1 Acknowledgment Letter**
- A.2 Submission Processing Results Summary**
- A.3 Demographic Characteristics Report**
- A.4 Rejected Records Report**
- A.5 Errors in Accepted Records Report**

A.1 ACKNOWLEDGMENT LETTER

June 15, 2001

Ms. State Submitter
Coordinator, Research and Evaluation
Department of Human Resources
Division of Alcohol and Drug Abuse
1000 Any Street
State Capitol, USA 99999-9999

Dear Ms. Submitter:

Discharge submission number 062001 was received on June 10, 2001 and processing was completed on June 10, 2001.

Enclosed for your review are the Submission Processing Results Summary Report, the Demographic Characteristics Report, Rejected Records Report (if applicable), and the Errors in Accepted Records Report (if applicable), which provide details of the recently processed submission. Please direct inquiries regarding the results of the submission to the TEDS contractor at the address below:

Ms Mayra Walker
Synectics, Inc.
1901 North Moore Street
Suite 900
Arlington, VA 22209

Or contact Ms Walker at:

Voice: 703-807-2337
Fax: 703-528-6421
Email: mayra@smdi.com

Please note that, when applicable, the submission media has been returned to the person indicated in the instructions provided by your State. Thank you for your continued cooperation.

Sincerely,

TEDS Project Director
cc: State Data Clerk

A.2 SUBMISSION PROCESSING RESULTS SUMMARY

TEDSDLR1

06/10/2001

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
OFFICE OF APPLIED STUDIES
TREATMENT EPISODE DATA SET
SUBMISSION PROCESSING RESULTS SUMMARY - DISCHARGES

| | |
|--|---|
| SUBMISSION NUMBER: AS062001 STATE: AS - ANY STATE REPORTING DATE: 06/2001 RECORDS SUBMITTED: 126885 | DATE OF LAST CONTACT / DISCHARGE: EARLIEST 01/01/1997 LATEST 12/31/2000 |
|--|---|

PROCESSING RESULTS SUMMARY

| | PROCESSED | ACCEPTED | REJECTED | PERCENT REJECTED |
|---------|-----------|----------|----------|---------------------|
| ADDS | 126885 | 126605 | 280 | 00.22 |
| CHANGES | 0 | 0 | 0 | 00.00 |
| DELETES | 0 | 0 | 0 | 00.00 |
| TOTAL | 126885 | 126605 | 280 | 00.22 |

REJECTED RECORDS: REASONS FOR REJECTION

| | INVALID STATE CODE | INVALID PROVIDER ID | INVALID CLIENT ID | INVALID CO-DEP CODE | INVALID DISCH AND CNTC DATE |
|---------|--------------------------|---------------------------|-------------------------|---------------------------|-----------------------------------|
| ADDS | 0 | 0 | 0 | 0 | 12 |
| CHANGES | 0 | 0 | 0 | 0 | 0 |
| DELETES | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 | 12 |

| | (1) NO RECORD FOUND | (2) DUPLICATE WITHIN SUBMISSION | (3) DUPLICATE KEY WITHIN SUBMISSION | (4) DUPLICATE IN DATABASE | (5) DUPLICATE KEY IN DATABASE |
|---------|------------------------------|--|--|------------------------------------|--|
| ADDS | N/A | 190 | 78 | 0 | 0 |
| CHANGES | 0 | 0 | 0 | N/A | N/A |
| DELETES | 0 | 0 | 0 | N/A | N/A |
| TOTAL | 0 | 190 | 78 | 0 | 0 |

| | |
|--|------|
| ACCEPTED RECORDS WITH NO ADMISSION RECORD INFORMATION | 0 |
| ACCEPTED RECORDS WITH NON-CRITICAL ERRORS | 1995 |
| ACCEPTED DISCHARGE RECORDS WITH NO ASSOCIATED ADMISSION RECORD | 1612 |

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
OFFICE OF APPLIED STUDIES
TREATMENT EPISODE DATA SET
SUBMISSION PROCESSING RESULTS SUMMARY - DISCHARGES
(CONTINUED)

SUBMISSION NUMBER: AS062001
STATE: AS ANY STATE
REPORTING DATE: 06/2001

ACCEPTED RECORDS: DATA SET ERRORS

| DATA ITEM | # INCORRECT |
|-------------------------|-------------|
| CLIENT TRANSACTION TYPE | 27 |
| DATE OF ADMISSION | 276 |
| DATE OF BIRTH | 16 |
| ETHNICITY | 5 |
| RACE | 1 |
| SEX | 5 |

REFER TO STATE INSTRUCTION MANUAL FOR DEFINITIONS OF DATA ITEMS REFERRED TO IN THIS REPORT

- Explanation of Column Headings:**

1. NO RECORD FOUND = The submitted "Change" or "Delete" record had no matching record in database.
2. DUPLICATE WITHIN SUBMISSION = Two or more records within submission were identical in all fields.
3. DUPLICATE KEY WITHIN SUBMISSION = Two or more records within submission had identical KEY fields, but at least one of the other fields was not identical.
4. DUPLICATE IN DATABASE = An "ADD" record was submitted with all fields identical to those of a record already in the database.
5. DUPLICATE KEY IN DATABASE = An "ADD" record was submitted with KEY FIELDS identical to those of a record already in the database, but at least one of the other fields was not identical.

A.3 DEMOGRAPHIC CHARACTERISTICS REPORT

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
OFFICE OF APPLIED STUDIES
TREATMENT EPISODE DATA SET
DISCHARGE DEMOGRAPHICS FOR AS062001

TEDSDLR3

06/10/2001

| Characteristics | Number | Percent |
|--------------------------------|--------|---------|
| Age at Discharge | | |
| < 15 Years | 2947 | 2 |
| 15 - 17 | 9986 | 8 |
| 18 - 19 | 5198 | 4 |
| 20 - 24 | 13371 | 11 |
| 25 - 34 | 44256 | 35 |
| 35 - 44 | 36114 | 28 |
| 45+ | 15013 | 12 |
| Unknown | 0 | 0 |
| Total | 126885 | 100% |
| Co-dependent/Collateral | | |
| Yes | 1374 | 1 |
| No | 125511 | 99 |
| Unknown | 0 | 0 |
| Total | 126885 | 100% |
| Discharge/Last Contact | | |
| 01/97 | 5156 | 4 |
| 02/97 | 5129 | 4 |
| 03/97 | 5994 | 5 |
| 04/97 | 5268 | 4 |
| 05/97 | 6224 | 5 |
| 06/97 | 6087 | 4 |
| 07/97 | 5127 | 4 |
| 08/97 | 5788 | 5 |
| 09/97 | 4984 | 4 |
| 10/97 | 5316 | 4 |
| 11/97 | 5065 | 4 |
| 01/98 | 4549 | 4 |

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
OFFICE OF APPLIED STUDIES
TREATMENT EPISODE DATA SET
DISCHARGE DEMOGRAPHICS FOR AS062001
(CONTINUED)

| Discharge / Last Contact Date | Number | Percent |
|--------------------------------------|---------------|----------------|
| 02/98 | 4826 | 4 |
| 03/98 | 5306 | 4 |
| 04/98 | 5529 | 4 |
| 05/98 | 5871 | 5 |
| 06/98 | 5668 | 4 |
| 07/98 | 5662 | 4 |
| 08/98 | 5371 | 4 |
| 09/98 | 4799 | 4 |
| 10/98 | 5124 | 4 |
| 11/98 | 4579 | 4 |
| 12/98 | 4555 | 4 |
| Total | 126885 | 100% |

| Reason for Discharge | | |
|---------------------------------|--------|------|
| Treatment Completed | 58204 | 46 |
| Left against advice (drop out) | 32825 | 26 |
| Terminated by Facility | 17881 | 14 |
| Transferred to Another Facility | 15202 | 12 |
| Incarcerated | 2437 | 2 |
| Death | 327 | 0 |
| Other | 0 | 0 |
| Unknown | 9 | 0 |
| Total | 126885 | 100% |

| Service (at Discharge) | | |
|---|--------|------|
| Detoxification - Hospital | 1125 | 1 |
| Detoxification - Residential | 4193 | 3 |
| Rehabilitation/Residential - Hospital | 283 | 0 |
| Rehabilitation/Residential - Short term | 19218 | 15 |
| Rehabilitation/Residential - Long term | 4147 | 3 |
| Ambulatory - Non-intensive Outpatient | 13879 | 11 |
| Ambulatory - Intensive Outpatient | 83763 | 66 |
| Ambulatory - Detoxification | 277 | 0 |
| Unknown | 0 | 0 |
| Total | 126885 | 100% |

Percent may not add to 100% due to rounding

A.4 REJECTED RECORDS REPORT

TEDSDLR5

PAGE: 1
DATE: 06/10/2001

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
OFFICE OF APPLIED STUDIES
TREATMENT EPISODE DATA SET - DISCHARGES
ERRORS IN REJECTED RECORDS - GROUPED BY REASON

SUBMISSION NUMBER: AS062001

| SYS- TRAN | ST | PROVIDER ID | CLIENT ID | CO- DEP | DISCH REASON | DATE OF DISCHARGE | SVE CODE | RAW VALUE | CRITICAL ERROR | EXPLANATION |
|--------------|----|-------------|-----------|------------|-----------------|----------------------|-------------|--------------|-------------------|-------------|
| A | AS | AS100005 | 0002351 | 2 | 04 | 12/15/2000 | 07 | N/A | Y | DUPLICATE |
| A | AS | AS100006 | 0235643 | 2 | 02 | 01/15/2001 | 07 | N/A | Y | DUPLICATE |
| A | AS | AS100015 | 1251221 | 2 | 01 | 01/25/2001 | 06 | N/A | Y | DUPLICATE |
| A | AS | AS000066 | 0000025 | 2 | 04 | 01/22/2001 | 07 | N/A | Y | DUPLICATE |
| A | AS | AS200212 | 5263212 | 2 | 04 | 02/10/2001 | 07 | N/A | Y | DUPLICATE |
| " | " | " | " | " | " | " | " | " | " | " |
| " | " | " | " | " | " | " | " | " | " | " |
| " | " | " | " | " | " | " | " | " | " | " |

[ACTUAL REPORT MAY BE MULTIPLE PAGES]

A.5 ERRORS IN ACCEPTED RECORDS REPORT

TEDSDLR4

PAGE: 1
DATE: 06/10/2001

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
OFFICE OF APPLIED STUDIES
TREATMENT EPISODE DATA SET - DISCHARGES
ERRORS IN ACCEPTED RECORDS - GROUPED BY FIELD

SUBMISSION NUMBER: AS062001

| SYS-TRAN | ST | PROVIDER ID | CLIENT ID | CO-DEP | DISCH REASON | DATE OF DISCHARGE | SVC | EXPLANATION | RAW VALUE |
|----------|----|-------------|-----------|--------|--------------|-------------------|-----|---------------------------|-----------|
| A | AS | AS10083 | 00000212 | 2 | 04 | 12/12/1000 | 07 | Date of Discharge Invalid | |
| A | As | AS10021 | 00001562 | 2 | 04 | 01/25/1965 | 05 | Date of Discharge Invalid | |
| A | As | AS10054 | 00005241 | 2 | 01 | 01/05/2001 | 07 | Date of Birth Invalid | 01010007 |
| A | As | AS10524 | 00000254 | 2 | 02 | 02/23/2001 | 07 | Date of Birth Invalid | 04251001 |
| A | As | AS10222 | 00001252 | 2 | 02 | 01/26/2001 | 07 | Date of Birth Invalid | 122375 |
| " | " | " | " | " | " | " | " | " | " |
| " | " | " | " | " | " | " | " | " | " |
| " | " | " | " | " | " | " | " | " | " |

APPENDIX B

TEDS DATA DICTIONARY

The discharge record is a client specific record and contains information needed to process the record, data items about the discharge event, and data items from the corresponding admission record. This data dictionary contains detailed information about the data items specific to the discharge event and the related admission. Definitions for the related admissions items are the same as those used for the TEDS admissions data as provided in the *Treatment Episode Data Set State Instruction Manual for Admission Data*.

This data dictionary includes definitions, reporting guidelines, acceptable coded values, descriptions of data cross-checks, and field formatting information. The information is presented in file structure order.

DATA SET ELEMENTS FOR DISCHARGE RECORD

| System Data Elements | Page |
|---|-----------------|
| B.1 SYSTEM TRANSACTION TYPE | 26 |
| B.2 STATE CODE - KEY FIELD | 27 |
| B.3 REPORTING DATE | 28 |
| Discharge Data Element | Page |
| B.4 PROVIDER IDENTIFIER - KEY FIELD | 29 |
| B.5 CLIENT IDENTIFIER - KEY FIELD | 30 |
| B.6 CO-DEPENDENT/COLLATERAL - KEY FIELD | 31 |
| B.7 TYPE OF SERVICE AT DISCHARGE | 32 |
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| B.10 REASON FOR DISCHARGE, TRANSFER OR DISCONTINUANCE OF TREATMENT | 35 |
| Corresponding Admissions Data Element | Page |
| B.11 PROVIDER IDENTIFIER | 36 |
| B.12 CLIENT IDENTIFIER | 37 |
| B.13 CO-DEPENDENT/COLLATERAL | 38 |
| B.14 CLIENT TRANSACTION TYPE | 39 |
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| B.16 TYPE OF SERVICES (AT ADMISSION) | 41 |
| B.17 DATE OF BIRTH | 42 |
| B.18 SEX | 43 |
| B.19 RACE | 44 |
| B.20 ETHNICITY | 45 |

B.1 SYSTEM TRANSACTION TYPE

DESCRIPTION: DESIGNATES WHETHER THE RECORD ADDS INFORMATION TO THE TEDS DATABASE, CHANGES AN EXISTING RECORD IN THE DATA BASE, OR DELETES AN EXISTING RECORD IN THE DATA BASE.

VALID ENTRIES **A** **(ADD)**
 C **(CHANGE)**
 D **(DELETE)**

AN INVALID ENTRY IN THIS FIELD IS AUTOMATICALLY CHANGED TO "A."

OTHER FIELDS: NONE

FIELD LENGTH: 1

ASCII FORMAT INFORMATION:

FIELD: 1
DATA TYPE: ALPHANUMERIC
BEGIN COLUMN: 1
END COLUMN: 1

B.2 STATE CODE - (KEY FIELD)

DESCRIPTION: IDENTIFIES THE STATE SUBMITTING THE RECORD.

VALID ENTRIES: **THE VALID FIPS TWO-LETTER STATE CODE FOR THE SUBMITTING STATE.**
AN INVALID ENTRY IN THIS FIELD AUTOMATICALLY CAUSES RECORD TO FAIL.

OTHER FIELDS: NONE

FIELD LENGTH: 2

ASCII FORMAT INFORMATION:

| | |
|---------------|--------------|
| FIELD: | 2 |
| DATA TYPE: | ALPHANUMERIC |
| BEGIN COLUMN: | 2 |
| END COLUMN: | 3 |

B.3 REPORTING DATE

DESCRIPTION: THE MONTH AND YEAR THAT THE DATA ARE SUBMITTED.

VALID ENTRIES: **MMYYYY**

IDENTIFIES THE MONTH AND YEAR THE RECORDS ARE SUBMITTED TO THE CONTRACTOR. EVERY RECORD IN A STATE SUBMISSION MUST CONTAIN THE SAME DATE OF SUBMISSION.

OTHER FIELDS: NONE

FIELD LENGTH: 6

ASCII FORMAT INFORMATION:

| | |
|---------------|---------|
| FIELD: | 3 |
| DATA TYPE: | NUMERIC |
| BEGIN COLUMN: | 4 |
| END COLUMN: | 9 |

B.4 PROVIDER IDENTIFIER - (KEY FIELD)

DESCRIPTION: IDENTIFIES THE PROVIDER OF THE ALCOHOL OR DRUG TREATMENT SERVICE AT TIME OF DISCHARGE.

VALID ENTRIES: ENTRY MUST CONTAIN A VALID PROVIDER ID THAT MATCHES THE STATE ID IN SAMHSA'S I-SATS.
IF THIS FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE

FIELD LENGTH: 15

ASCII FORMAT INFORMATION:

| | |
|---------------|--|
| FIELD: | 4 |
| DATA TYPE: | ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES) |
| BEGIN COLUMN: | 10 |
| END COLUMN: | 24 |

B.5 CLIENT IDENTIFIER - (KEY FIELD)

DESCRIPTION: A "CLIENT" IS A PERSON WHO MEETS **ALL** OF THE FOLLOWING CRITERIA:

1. HAS AN ALCOHOL OR DRUG RELATED PROBLEM, OR IS BEING TREATED AS A CO-DEPENDENT.
2. HAS COMPLETED THE SCREENING AND INTAKE PROCESS.
3. HAS BEEN FORMALLY ADMITTED FOR TREATMENT OR RECOVERY SERVICE IN AN ALCOHOL OR DRUG TREATMENT UNIT.
4. HAS HIS OR HER OWN CLIENT RECORD.

(A PERSON IS NOT A CLIENT IF HE OR SHE HAS ONLY COMPLETED A SCREENING OR INTAKE PROCESS OR HAS BEEN PLACED ON A WAITING LIST).

OTHER CONSIDERATIONS:

- IDENTIFIER MUST BE UNIQUE AND NOT BE ASSIGNED TO ANOTHER CLIENT.
- IDENTIFIER CAN BE MEANINGLESS.
- RESPONSIBILITY FOR ASSIGNING THE IDENTIFIER BELONGS TO THE STATE.
- IDENTIFIER MUST ENSURE CONFIDENTIALITY OF CLIENT RECORDS.

VALID ENTRIES: AN IDENTIFIER OF FROM 1 TO 15 ALPHANUMERIC CHARACTERS THAT IS UNIQUE WITHIN PROVIDER AND PREFERABLY UNIQUE WITHIN THE STATE. IF THIS FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE.

FIELD LENGTH: 15

ASCII FORMAT INFORMATION:

| | |
|---------------|--|
| FIELD: | 5 |
| DATA TYPE: | ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES) |
| BEGIN COLUMN: | 25 |
| END COLUMN: | 39 |

B.6 CO-DEPENDENT/COLLATERAL - (KEY FIELD)

DESCRIPTION A Co-DEPENDENT/COLLATERAL IS A PERSON WHO HAS NO ALCOHOL OR DRUG ABUSE PROBLEM, BUT:

1. IS SEEKING SERVICES BECAUSE OF PROBLEMS ARISING FROM HIS OR HER RELATIONSHIP WITH AN ALCOHOL OR DRUG USER.
2. HAS BEEN FORMALLY ADMITTED FOR SERVICE TO A TREATMENT UNIT.
3. HAS HIS OR HER OWN CLIENT RECORD OR HAS A RECORD WITHIN A PRIMARY CLIENT RECORD.

STATES NOT COLLECTING Co-DEPENDENT/COLLATERAL DATA DEFAULT TO 2 (No) FOR THIS FIELD: I.E., ALL RECORDS ARE CLIENT RECORDS.

VALID ENTRIES: 1 YES
2 No

THE RECORD WILL NOT BE PROCESSED IF THIS FIELD CONTAINS AN INVALID VALUE.

GUIDELINE: IF THE STATE OPTS TO REPORT CO-DEPENDENT INFORMATION, THE MANDATORY FIELDS ARE THE SAME AS FOR A DISCHARGE CLIENT.

OTHER CONSIDERATIONS:

IF A CLIENT WITH AN EXISTING RECORD IN THE TEDS BECOMES A CO-DEPENDENT, A NEW CLIENT RECORD SHOULD BE SUBMITTED INDICATING THAT THE CLIENT IS AN "INITIAL ADMISSION" AS A CO-DEPENDENT. THE REVERSE IS ALSO TRUE FOR A PERSON WHO IS A CO-DEPENDENT FIRST AND THEN BECOMES A CLIENT.

OTHER FIELDS: NONE

FIELD LENGTH: 1

ASCII FORMAT INFORMATION:

FIELD: 6
DATA TYPE: NUMERIC
BEGIN COLUMN: 40
END COLUMN: 40

B.7 TYPE OF SERVICE AT DISCHARGE

DESCRIPTION: DESCRIBES THE TYPE OF SERVICE THE CLIENT WAS RECEIVING PRIOR TO DISCHARGE.

VALID ENTRIES:

| | |
|----|---|
| 01 | DETOXIFICATION, 24-Hour Service, Hospital Inpatient 24 HOUR PER DAY MEDICAL ACUTE CARE SERVICES IN HOSPITAL SETTING FOR DETOXIFICATION FOR PERSONS WITH SEVERE MEDICAL COMPLICATIONS ASSOCIATED WITH WITHDRAWAL. |
| 02 | DETOXIFICATION, 24 Hour Service, Free-Standing Residential 24 HOUR PER DAY SERVICES IN NON-HOSPITAL SETTING PROVIDING FOR SAFE WITHDRAWAL AND TRANSITION TO ONGOING TREATMENT. |
| 03 | REHABILITATION/RESIDENTIAL—HOSPITAL (OTHER THAN DETOXIFICATION) - 24 HOUR PER DAY MEDICAL CARE IN A HOSPITAL FACILITY IN CONJUNCTION WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY. |
| 04 | REHABILITATION/RESIDENTIAL—SHORT TERM (30 DAYS OR FEWER) TYPICALLY, 30 DAYS OR LESS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY. |
| 05 | REHABILITATION/RESIDENTIAL—LONG TERM (MORE THAN 30 DAYS) TYPICALLY, MORE THAN 30 DAYS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY; THIS MAY INCLUDE TRANSITIONAL LIVING ARRANGEMENTS SUCH AS HALFWAY HOUSES. |
| 06 | AMBULATORY—INTENSIVE-OUTPATIENT - AS A MINIMUM, THE CLIENT MUST RECEIVE TREATMENT LASTING TWO OR MORE HOURS PER DAY FOR THREE OR MORE DAYS PER WEEK. |
| 07 | AMBULATORY— NON-INTENSIVE OUTPATIENT - AMBULATORY TREATMENT SERVICES INCLUDING INDIVIDUAL, FAMILY AND OR GROUP SERVICES; THESE MAY INCLUDE PHARMACOLOGICAL THERAPIES. |
| 08 | AMBULATORY—DETOXIFICATION - OUTPATIENT TREATMENT SERVICES PROVIDING FOR SAFE WITHDRAWAL IN AN AMBULATORY SETTING (PHARMACOLOGICAL OR NON-PHARMACOLOGICAL). |

OTHER FIELDS: NONE.

FIELD LENGTH: 2

ASCII Format Information:

| | |
|---------------|---------|
| FIELD: | 7 |
| DATA TYPE: | NUMERIC |
| BEGIN COLUMN: | 41 |
| END COLUMN: | 42 |

B.8 DATE OF LAST CONTACT

DESCRIPTION: THE DAY WHEN THE CLIENT IS LAST SEEN FOR A TREATMENT. THE DATE MAY BE THE SAME DATE AS THE DATE OF DISCHARGE. IN THE EVENT OF A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT, IT IS THE DATE THE CLIENT TRANSFERRED TO ANOTHER SERVICE OR PROVIDER.

VALID ENTRIES: **MMDDYYYY**

THE RECORD MUST EITHER HAVE A VALID DATE OR BE BLANK BECAUSE THE DATE IS NOT COLLECTED. MM MUST BE 01 THROUGH 12 AND DD MUST BE 01 THROUGH 31. YYYY MUST BE 1997 OR LATER.

OTHER FIELDS: NONE.

FIELD LENGTH: 8

ASCII FORMAT INFORMATION:

| | |
|---------------|---------|
| FIELD: | 8 |
| DATA TYPE: | NUMERIC |
| BEGIN COLUMN: | 43 |
| END COLUMN: | 50 |

B.9 DATE OF DISCHARGE - (KEY FIELD)

DESCRIPTION: SPECIFIES THE MONTH, DAY AND YEAR WHEN THE CLIENT WAS FORMALLY DISCHARGED FROM THE TREATMENT FACILITY OR SERVICE. THE DATE MAY BE THE SAME AS DATE OF LAST CONTACT. IN THE EVENT OF A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT, IT IS THE DATE THE SERVICE TERMINATED OR THE DATE THE TREATMENT ENDED AT A PARTICULAR PROVIDER.

VALID ENTRIES: **MMDDYYYY**

THE RECORD MUST EITHER HAVE A VALID DATE OR BE BLANK BECAUSE THE DATE IS NOT COLLECTED. MM MUST BE 01 THROUGH 12 AND DD MUST BE 01 THROUGH 31. YYYY MUST BE 1997 OR LATER.

OTHER FIELDS: NONE.

FIELD LENGTH: 8

ASCII FORMAT INFORMATION:

| | |
|---------------|---------|
| FIELD: | 9 |
| DATA TYPE: | NUMERIC |
| BEGIN COLUMN: | 51 |
| END COLUMN: | 58 |

B.10 REASON FOR DISCHARGE, TRANSFER OR DISCONTINUANCE OF TREATMENT

DESCRIPTION: INDICATES THE OUTCOME OF TREATMENT OR THE REASON FOR TRANSFER OR DISCONTINUANCE OF TREATMENT

VALID ENTRIES: 01 **TREATMENT COMPLETED**
02 **LEFT AGAINST PROFESSIONAL ADVICE (DROP OUT)**
03 **TERMINATED BY FACILITY**
04 **TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY.**
THIS CODE IS TO BE USED FOR ALL CLIENTS WHO HAVE A CHANGE OF SERVICE OR PROVIDER
WITHIN AN EPISODE OF TREATMENT, EXCEPT WHEN IT IS KNOWN THAT THE CLIENT DID NOT
REPORT TO THE NEXT PROGRAM.
14 **TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY BUT**
DID NOT REPORT. THIS CODE IS TO BE USED FOR ALL CLIENTS WHO HAVE A CHANGE OF
SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT, BUT WHO ARE KNOWN NOT TO
REPORT TO THE NEXT PROGRAM.
05 **INCARCERATED** -THIS CODE IS TO BE USED FOR ALL CLIENTS WHOSE COURSE OF TREATMENT
IS TERMINATED BECAUSE THE CLIENT HAS BEEN INCARCERATED.
06 **DEATH**
07 **OTHER**
08 **UNKNOWN**

OTHER FIELDS: NONE.

FIELD LENGTH: 2

ASCII FORMAT INFORMATION:

FIELD: 10
DATA TYPE: NUMERIC
BEGIN COLUMN: 59
END COLUMN: 60

B.11 PROVIDER IDENTIFIER AT ADMISSION

DESCRIPTION: IDENTIFIES THE PROVIDER OF THE ALCOHOL OR DRUG TREATMENT SERVICE AT TIME OF ADMISSION. THIS NUMBER WILL USUALLY BE THE SAME AS THE ENTRY IN B.4 (PROVIDER ID AT DISCHARGE), BUT MAY BE DIFFERENT. EVEN IF THE SAME, IT MUST BE ENTERED IN BOTH FIELDS B.4 AND B.11.

VALID ENTRIES: ENTRY MUST CONTAIN A VALID PROVIDER ID THAT MATCHES THE STATE ID IN SAMHSA'S I-SATS.

OTHER FIELDS: NONE

FIELD LENGTH: 15

ASCII FORMAT INFORMATION:

| | |
|---------------|--|
| FIELD: | 11 |
| DATA TYPE: | ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES) |
| BEGIN COLUMN: | 61 |
| END COLUMN: | 75 |

B.12 CLIENT IDENTIFIER AT ADMISSION

DESCRIPTION: A "CLIENT" IS DEFINED IN B.5 ABOVE. THIS NUMBER WILL USUALLY BE THE SAME AS THE ENTRY IN B.5 (CLIENT ID AT DISCHARGE), BUT MAY BE DIFFERENT. EVEN IF THE SAME, IT MUST BE ENTERED IN BOTH FIELDS B.5 AND B.12.

VALID ENTRIES: AN IDENTIFIER OF FROM 1 TO 15 ALPHANUMERIC CHARACTERS THAT IS UNIQUE WITHIN THE PROVIDER AND PREFERABLY UNIQUE WITHIN THE STATE.

OTHER FIELDS: NONE.

FIELD LENGTH: 15

ASCII FORMAT INFORMATION:

| | |
|---------------|--|
| FIELD: | 12 |
| DATA TYPE: | ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES) |
| BEGIN COLUMN: | 76 |
| END COLUMN: | 90 |

B.13 CO-DEPENDENT/COLLATERAL

DESCRIPTION A Co-DEPENDENT/COLLATERAL IS DEFINED IN ITEM B.6 ABOVE.

GUIDELINE:

IF THE STATE OPTS TO REPORT CO-DEPENDENT INFORMATION, THE MANDATORY FIELDS ARE THE SAME AS FOR A CLIENT DISCHARGE

OTHER CONSIDERATIONS:

IF A CLIENT WITH AN EXISTING RECORD IN THE TEDS BECOMES A CO-DEPENDENT, A NEW CLIENT RECORD SHOULD BE SUBMITTED INDICATING THAT THE CLIENT IS AN "INITIAL ADMISSION" AS A CO-DEPENDENT. THE REVERSE IS ALSO TRUE FOR A PERSON WHO IS A CO-DEPENDENT FIRST AND THEN BECOMES A CLIENT.

VALID ENTRIES: 1 **YES**
 2 **NO**

OTHER FIELDS: NONE

FIELD LENGTH: 1

ASCII FORMAT INFORMATION:

FIELD: 13
DATA TYPE: NUMERIC
BEGIN COLUMN: 91
END COLUMN: 91

B. 14 CLIENT TRANSACTION TYPE (FROM ADMISSION RECORD)

DESCRIPTION: THIS FIELD IDENTIFIES WHETHER AN **ADMISSION** RECORD IS FOR AN INITIAL ADMISSION (A) OR A **TRANSFER/CHANGE IN SERVICE (T)**.

VALID ENTRIES: (ADMISSION RECORD)

| | |
|---|------------------|
| A | ADMISSION |
| T | TRANSFER |

OTHER FIELDS: NONE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

| | |
|---------------|--------------|
| FIELD: | 14 |
| DATA TYPE: | ALPHANUMERIC |
| BEGIN COLUMN: | 92 |
| END COLUMN: | 92 |

B.15 DATE OF ADMISSION (FROM ADMISSION RECORD)

DESCRIPTION: THE DAY WHEN THE CLIENT RECEIVES HIS OR HER FIRST DIRECT TREATMENT OR RECOVERY SERVICE.

VALID ENTRIES: **MMDDYYYY**

MM MUST BE 01 THROUGH 12 AND DD MUST BE 01 THROUGH 31. ANY YEAR OF ADMISSION IS ACCEPTABLE FOR DISCHARGES BEGINNING JANUARY 1, 1997.

OTHER FIELDS: NONE.

FIELD LENGTH 8

ASCII FORMAT INFORMATION

| | |
|---------------|---------|
| FIELD: | 15 |
| DATA TYPE: | NUMERIC |
| BEGIN COLUMN: | 93 |
| END COLUMN: | 100 |

B.16 TYPE OF SERVICE AT ADMISSION

DESCRIPTION: DESCRIBES THE TYPE OF SERVICE THE CLIENT RECEIVED.

- VALID ENTRIES:
- 01 **DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT**
24 HOUR PER DAY MEDICAL ACUTE CARE SERVICES IN HOSPITAL SETTING FOR DETOXIFICATION FOR PERSONS WITH SEVERE MEDICAL COMPLICATIONS ASSOCIATED WITH WITHDRAWAL.
 - 02 **DETOXIFICATION, 24 HOUR SERVICE, FREE-STANDING RESIDENTIAL**
24 HOUR PER DAY SERVICES IN NON-HOSPITAL SETTING PROVIDING FOR SAFE WITHDRAWAL AND TRANSITION TO ONGOING TREATMENT.
 - 03 **REHABILITATION/RESIDENTIAL—HOSPITAL (OTHER THAN DETOXIFICATION) - 24**
HOUR PER DAY MEDICAL CARE IN A HOSPITAL FACILITY IN CONJUNCTION WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.
 - 04 **REHABILITATION/RESIDENTIAL—SHORT TERM (30 DAYS OR FEWER)**
TYPICALLY, 30 DAYS OR LESS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.
 - 05 **REHABILITATION/RESIDENTIAL—LONG TERM (MORE THAN 30 DAYS)**
TYPICALLY, MORE THAN 30 DAYS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY; THIS MAY INCLUDE TRANSITIONAL LIVING ARRANGEMENTS SUCH AS HALFWAY HOUSES.
 - 06 **AMBULATORY—INTENSIVE-OUTPATIENT -**
AS A MINIMUM, THE CLIENT MUST RECEIVE TREATMENT LASTING TWO OR MORE HOURS PER DAY FOR THREE OR MORE DAYS PER WEEK.
 - 07 **AMBULATORY— NON-INTENSIVE OUTPATIENT -**
AMBULATORY TREATMENT SERVICES INCLUDING INDIVIDUAL, FAMILY AND OR GROUP SERVICES; THESE MAY INCLUDE PHARMACOLOGICAL THERAPIES.
 - 08 **AMBULATORY—DETOXIFICATION -**
OUTPATIENT TREATMENT SERVICES PROVIDING FOR SAFE WITHDRAWAL IN AN AMBULATORY SETTING (PHARMACOLOGICAL OR NON-PHARMACOLOGICAL).

OTHER FIELDS: NONE.

FIELD LENGTH: 2

ASCII FORMAT INFORMATION

| | |
|---------------|---------|
| FIELD: | 16 |
| DATA TYPE: | NUMERIC |
| BEGIN COLUMN: | 101 |
| END COLUMN: | 102 |

B.17 DATE OF BIRTH

DESCRIPTION: CLIENT'S DATE OF BIRTH.

VALID ENTRIES: **MMDDYYYY**

MM MUST BE 01 THROUGH 12 AND DD MUST BE 01 THROUGH 31.

FIELD LENGTH 8

ASCII FORMAT INFORMATION

FIELD: 17
DATA TYPE: NUMERIC
BEGIN COLUMN: 103
END COLUMN: 110

B.18 SEX

DESCRIPTION: IDENTIFIES CLIENT'S SEX.

VALID ENTRIES: 1 MALE
2 FEMALE
7 UNKNOWN
8 NOT COLLECTED

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD: 18
DATA TYPE: NUMERIC
BEGIN COLUMN: 111
END COLUMN: 111

B.19 RACE

DESCRIPTION: SPECIFIES THE CLIENT'S RACE.

- VALID ENTRIES:
- 01 **ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF ALASKA.
 - 02 **AMERICAN INDIAN (OTHER THAN ALASKA NATIVE)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA) AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
 - 03 **ASIAN OR PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, SOUTHEAST ASIA OR THE PACIFIC ISLANDS.
 - 13 **ASIAN** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, OR SOUTHEAST ASIA, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PHILIPPINE ISLANDS, THAILAND, VIETNAM.
 - 23 **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.
 - 04 **BLACK OR AFRICAN AMERICAN** — ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
 - 05 **WHITE**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
 - 20 **OTHER**—A DEFAULT CATEGORY FOR USE IN INSTANCES IN WHICH THE CLIENT IS NOT CLASSIFIED ABOVE OR WHOSE ORIGIN GROUP, BECAUSE OF AREA CUSTOM, IS REGARDED AS A RACIAL CLASS DISTINCT FROM THE ABOVE CATEGORIES.
- 97 **UNKNOWN** - USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.
- 98 **NOT COLLECTED** - USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO THE TEDS.

Other fields: None

Field Length 2

ASCII Format Information

| | |
|---------------|---------|
| Field: | 19 |
| Data Type: | Numeric |
| Begin Column: | 112 |
| End Column: | 113 |

B.20 ETHNICITY

DESCRIPTION: IDENTIFIES CLIENT'S SPECIFIC HISPANIC ORIGIN.

VALID ENTRIES: 01 **PUERTO RICAN**—OF PUERTO RICAN ORIGIN REGARDLESS OF RACE.
02 **MEXICAN**—OF MEXICAN ORIGIN REGARDLESS OF RACE.
03 **CUBAN**—OF CUBAN ORIGIN REGARDLESS OF RACE.
04 **OTHER SPECIFIC HISPANIC**—OF KNOWN CENTRAL OR SOUTH AMERICAN OR ANY OTHER
SPANISH CULTURAL ORIGIN (INCLUDING SPAIN), OTHER THAN PUERTO RICAN, MEXICAN OR
CUBAN, REGARDLESS OF RACE.
05 **NOT OF HISPANIC ORIGIN**
06 **HISPANIC- SPECIFIC ORIGIN NOT SPECIFIED** — OF HISPANIC ORIGIN, BUT SPECIFIC ORIGIN
NOT KNOWN OR NOT SPECIFIED

97 **UNKNOWN**
98 **NOT COLLECTED**

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 20
DATA TYPE: NUMERIC
BEGIN COLUMN: 114
END COLUMN: 115

APPENDIX C

TECHNICAL PREPARATION REQUIREMENTS

1. Data file submission protocol

All discharge data must be submitted on a PC diskette or CD-R, or transmitted electronically by FTP, dial-up to contractor's PC, or the Internet. Each diskette and CD submission must be accompanied by the TEDS Data Submission Form. (A copy is provided on the last page of Appendix D). For electronic transmissions, the relevant information from the TEDS Data Submission Form must be provided verbally, or by email or fax prior to the transmission. Passwords for password protected files are to be transmitted to the TEDS contractor independent of the data transmission.

2. Data file format

Data files must be submitted as an **ASCII Flat File**. **If this is not feasible, the State must notify the Contractor staff and work with them to arrange for a different format.**

3. Data transmission specifications

The following provides more detail for data submissions to TEDS according to submission method:

PC Diskette - Formatted personal computer diskette

| | |
|---|-----------------|
| File formats | ASCII flat file |
| DOS Format version | 3.0 or higher |
| Size | 3.5 inch |
| Density | Double or High |
| Note: If data file is too large for a single disk, use the compression utility program PKZip. | |

Electronic Transmission - Data transmission via modem

| | |
|---|------------------------|
| File Formats | ASCII flat file |
| BPS | 28800, 14400, 9600 |
| Parity | None |
| Data Bits | 8 |
| Stop Bits | 1 |
| Communication Protocol | ZMODEM, YMODEM, KERMIT |
| Note: For electronic transmission, contact TEDS Contractor to arrange transmission. | |

| | |
|--------------------------|--------------------------------|
| CD – Compact Disk | |
| CD type | CD-R , (CD-RW not recommended) |
| File formats | ASCII flat file |

Internet Transmission - File transmission as email attachment

| | |
|--|-----------------|
| File format | ASCII flat file |
| | |
| Note: File must be password protected and may be encrypted. Before sending an encrypted file, contact the TEDS contractor for information on acceptable encryption software. File may be compressed using the PKZip compression utility program. | |

4. Data file specifications

ASCII Flat File Format

ASCII flat files have each record represented by a single line terminated by an end-of-line indicator. The standard ASCII end-of-line indicator is a carriage return, line feed. An end-of-line marker is optional. Other specifications are:

| | |
|---------------------|--|
| Record | A single line terminated by an end-of-line indicator with each field in a specified column |
| Field | Fixed length in columns shown below |
| Alphanumeric Fields | Left-justified and filled with blank spaces |
| Numeric Fields | Right-justified and filled with zeros. |

The field specifications for ASCII Discharge data files are provided below. The data in fields 1 through 10 are for the discharge event. All fields 1 through 10 are required with the exception that either *Date of last contact* **or** *Date of discharge* is required. Both may be reported, but only one of these two fields is required.

K = Key field

| Field | Description | Data Type | Length | Begin Col. | End Col. |
|-------|---------------------------|--------------|--------|------------|----------|
| 1 | System Transaction Type | Alphanumeric | 1 | 1 | 1 |
| 2 (K) | State Abbreviation | Alphanumeric | 2 | 2 | 3 |
| 3 | Mo. And Yr. of Submission | Numeric | 6 | 4 | 9 |
| 4 (K) | Provider Identifier | Alphanumeric | 15 | 10 | 24 |
| 5 (K) | Client Identifier | Alphanumeric | 15 | 25 | 39 |
| 6 (K) | Co-Dependent/Collateral | Numeric | 1 | 40 | 40 |
| 7 | Services | Numeric | 2 | 41 | 42 |
| 8 | Date Last Contact | Numeric | 8 | 43 | 50 |
| 9 (K) | Date of Discharge | Numeric | 8 | 51 | 58 |
| 10 | Reason for Discharge | Numeric | 2 | 59 | 60 |

The data in fields 11 through 20 are for the admission that corresponds to the discharge reported in the record.

| Field | Description (items from admission record) | Data Type | Length | Begin Col. | End Col. |
|-------|---|--------------|--------|------------|----------|
| 11 | Provider identifier | Alphanumeric | 15 | 61 | 75 |
| 12 | Client identifier | Alphanumeric | 15 | 76 | 90 |
| 13 | Co-Dependent/Collateral | Numeric | 1 | 91 | 91 |
| 14 | Client transaction type | Alphanumeric | 1 | 92 | 92 |
| 15 | Date of Admission | Numeric | 8 | 93 | 100 |
| 16 | Services | Numeric | 2 | 101 | 102 |
| 17 | Date of Birth | Numeric | 8 | 103 | 110 |
| 18 | Sex | Numeric | 1 | 111 | 111 |
| 19 | Race | Numeric | 2 | 112 | 113 |
| 20 | Ethnicity | Numeric | 2 | 114 | 115 |

APPENDIX D

CROSSWALK UPDATE FORM - DISCHARGE

TEDS Crosswalk Update for Discharge Data

Date _____ State _____

Instructions for updating TEDS crosswalk to include discharge data items:

Complete columns C and D for your State by inserting the number (from the State discharge data collection form, if any) and name of each State data item corresponding to the TEDS data items in column B. For coded data, each state code in column D should be “mapped” to exactly one TEDS code in column B.

This completed form along with the State's data collection form should be sent to Synectics at the address given below. Synectics will use this information to update the State crosswalk and return a copy of the complete crosswalk for the State's approval.

[This form is available from Synectics as MS Word document].

| TEDS Data Set | | State Data Set | |
|---------------|---|----------------|-------------------|
| A | B | C | D |
| Item no. | Description/codes | Item No. | Description/codes |
| | | | |
| 4 | Provider ID at Discharge | | |
| 5 | Client ID | | |
| 6 | Co-dependent/Collateral at Discharge 1 Yes 2 No | | |

| TEDS Data Set | | State Data Set | |
|---------------|---|----------------|-------------------|
| A | B | C | D |
| Item no. | Description/codes | Item No. | Description/codes |
| 7 | Service at Discharge 01 Detox - Hospital Inpatient 02 Detox - Free-standing 03 Rehab/residential - Hospital 04 Rehab/residential - short term 05 Rehab/residential - long term 06 Ambulatory - intensive 07 Ambulatory - non-intensive 08 Ambulatory - Detox | | |
| 8 | Date of Last Contact | | |
| 9 | Date of Discharge | | |

| TEDS Data Set | | State Data Set | |
|---------------|--|----------------|--|
| A | B | C | D |
| Item no. | Description/codes | Item No. | Description/codes |
| 10 | Reason for Discharge 01 Treatment completed 02 Left against advice 03 Terminated by facility 04 Transferred to other program 05 Incarcerated 06 Death 07 Other 08 Unknown | | |
| 11-18 | Various Admissions Data Items: See TEDS Admissions manual | | These items do not need to be entered unless they are not correct in the current TEDS crosswalk. |

| TEDS Data Set | | State Data Set | |
|------------------------------|---|----------------|---|
| A | B | C | D |
| Item no. | Description/codes | Item No. | Description/codes |
| 19 | Race 01 Alaska Native 02 American Indian 03 Asian or Pacific Islander (alternatives for code 03): 13 Asian 23 Hawaiian Native or Other Pacific Islander 04 Black or African American 05 white 20 Other 97 Unknown 98 Not Collected | | This item does not need to be entered unless it is not correct in the current TEDS crosswalk. |
| 20 | Ethnicity See TEDS Admissions Manual | | This item does not need to be entered unless it is not correct in the current TEDS crosswalk. |
| END OF CROSSWALK UPDATE FORM | | | |

TEDS Data Submission Form

☐ **ADMISSIONS**

☐ **DISCHARGES**

State _____

Date Submitted _____

Reporting Date (MMYYYY) _____

Number of Records in file _____

Re-submission? ☐ Yes ☐ No

File encrypted? ☐ Yes ☐ No

Encryption method _____

MEDIA / TRANSMISSION METHOD AND FORMAT INFORMATION

☐ **PC Diskette or CD:**

☐ ASCII flat file

File Name _____

☐ dBASE III, IV

Number of disks/CD's _____

Return Disks/CD? ☐ Yes ☐ No

☐ **FTP or Dial-up
Transmission:**

☐ ASCII flat file

File Name _____

☐ dBASE III, IV

☐ **Internet Transmission:**

☐ ASCII flat file

File Name _____

☐ dBASE III, IV

Comments, other information:

State Contact: Name _____

Fax _____

Phone _____

Email _____